

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 2071	2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004
3. Name and address of person filing. Name Timothy G Griesa P.O. Box, Bldg., Room No., if any Street 400 Almshouse Rd City Wyoming State Delaware ZIP Code + 4 19934	4. Name, file number, and address of labor organization. Name Air Line Pilots Association Labor Organization File Number 541-648 P.O. Box, Building and Room Number, if any Street 535 Herndon Parkway City Herndon State Virginia ZIP Code + 4 20172
5. Position in labor organization. Master Ex. Council Treasurer	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

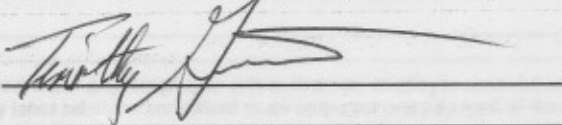
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

3/17/05
Date

302 521 3465
Telephone Number

P.O. Box, Bldg., Room No., if any Street City Phoenix State Arizona ZIP Code + 4	14.b. Amount of payment. \$18
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	